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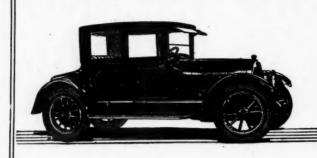
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Issued Monthly under the direction of the Publication Committee

VOLUME IV Whole No. 147

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ORIGINAL ARTICLES

DISCUSSION OF ONE MONTH'S TREAT-MENT WITH LUMINAL OF 30 SE-LECTED CASES OF SO-CALLED "IDI-OPATHIC" EPILEPSY.

By Dr. William Newton Hughes, A. M., M. D. State Hospital for Mental Diseases, Howard, R. I.

Discussion of Cases Selected.

From all the cases of epilepsy in this hospital, 30 so-called "idiopathic" cases were selected for treatment with luminal; 15 from each sex. They were those whom the doctors, nurses, and attendants thought had the most frequent and severe epileptic seizures. Only two cases above 60 years old were included among them; Case No. 10,796 is 66 years old; Case No. 11,004 is 72 years old. None of the cases were under 17 years of age. One of the female patients (Case No. 10,099) is a negress; all the other patients are white, though of various nationalities. Two of the cases (No. 10,796 and No. 8,249) are recorded as distinctly alcoholic.

The Wassermann test on the blood was negative in all cases except two. One case (No. 11,004) had a triple plus Wassermann in 1918; no treatment was given, as no signs of lues were apparent. Another Wassermann has not been recorded since that time. Another case (No. 8,971) had a double plus Wassermann in 1914. The spinal fluid also showed a double plus Wassermann; globulin plus by both Ross-Jones and Noguchi tests; no albumin; 3 cells. The "Gold Sol" test was not done. This patient was given two courses of treatment with arsphenamine, and one course with mercury. In 1920 and 1921 the blood Wassermann was negative. In February, 1921, the spinal fluid showed 200 cells, a negative Wassermann; negative globulin tests; a positive albumin test; and a C. S. S. "Gold Sol" curve (0144432100). In May, 1921, the spinal fluid was practically the same, except that the "Gold Sol" curve assumed a form, which is probably of no significance (0111000000). The

cells were not counted then, because the fluid was contaminated with blood. The frequency of the seizures, or the mental symptoms were not altered by the luetic treatment.

In three other cases, in which the spinal fluid was examined, it gave a negative Wassermann, and was essentially negative in other respects.

The majority of the cases showed mental symptoms of some sort, most often some of the following: Impaired memory, disorientation, irritability, confusion, apathy, stupidity, distractibility of attention, clouding of consciousness, silliness, tendencies to violence, total or partial absence of insight. Only four cases showed delusions or hallucinations (Cases No. 10,560; No. 8,249; No. 11,984; No. 11,982).

The physical and neurological examinations were essentially negative in all respects, except as noted. One case (No. 10,796, aged 66 years), slight arteriosclerosis; another case (No. 10,712), partial paralysis of left arm and leg; another case (No. 10,995), atrophy and paresis of right arm and leg, dating from birth. Many of the patients, of course, showed scars from injuries, received during their seizures.

The hospital histories show that, in each case selected, all the physicians present at the clinic, in which each case was studied individually, made the same diagnosis, epileptic insanity or epileptic psychosis. Two cases (No. 9,511 and No. 10,100), were imbeciles with epilepsy. One case (No. 10,039), was an epileptic with congenital mental deficiency.

The white blood counts done on 21 of the cases were within normal limits. The red blood counts done on the same cases were within normal limits in 19 instances; one case (No. 11,984), showed 3,512,000 red blood cells; another case (No. 11,004), showed 3,968,000 red blood cells.

In 16 of the same 21 cases, the records showed that the urine was negative; one case (No. 4,109), showed much pus microscopically, otherwise negative; two cases (No. 11,871 and No. 8,530), showed some albumen, otherwise

negative; another case (No. 11,642), showed some albumen and pus, otherwise negative.

In the other nine cases, the white blood count, red blood count, and urine analysis have not been recorded.

THE ADMINISTRATION OF LUMINAL.

The luminal tablets used consisted of 11/2 grains. They are white, very bitter and disagreeable to taste, but only slightly soluble in water

Starting on July 21, 1921, two 1½ grain tablets of luminal were given daily for two weeks, one after breakfast and one after supper. Then the dosage was cut down, and one 1½ grain tablet was given after breakfast. A full glass of water was given after each tablet. Every patient got the luminal daily in the dosage stated above, as each patient was observed till the tablet was swallowed. Two of the female patients refused to take the luminal after breakfast for two or three days; but they took it when it was offered to them later in the day.

No change was made in the daily routine of hospital life for the patients, when the luminal was given. Their care, food, exercise, etc., remained exactly the same as it had been before the luminal was administered.

Notes Made on the Cases During Luminal.

Case No. 10,560—Disturbed and noisy since administration of luminal, because of seeing in the paper that his wife was getting a divorce. He had a slight seizure, but did not go to bed after it, as he did previously.

Case No. 10,796—Sleepy and "dopy" during the first two weeks. More disagreeable. Frequent headaches, probably post-operative from a recent enucliation of his eye.

Case No. 11,004—No symptoms of luminal medication.

Case No. 8,712—"Dopy" and sleepy during the first two weeks. Wanted to go home and to take a patient with him during the first two days of the treatment. Seizures were very slight.

Case No. 10,170—Dizzy, sleepy and "dopy" during the first two weeks. Confused during the first two days, then excited for two days. Does not work, though he did before treatment.

Case No. 8,249—"Dopy" and confused during the first four days of treatment; not so disagreeable as previously. Case No. 6,282—Quieter and brighter. Works, though he did not do so before treatment. He had a slight seizure.

Case No. 11,642—"Dopy" and drowsy during the first two weeks.

Case No. 9,559—More quiet. Works a little, though he did not do so before treatment.

Case No. 11,413—Sleepy and "dopy" at first; more sensible. At times he apparently fainted, and, when grasped by the attendant, he laughed and fought good-naturedly with him. Works a little, though he did not do so previously.

Case No. 8,971—"Dopy," sleepy, dizzy with an occasional slight headache during the first two weeks. Does not steal, swear or fight as formerly; quieter and brighter. He had aurae on two occasions without seizures: he said, "Oh! my poor father," and then sat down and rocked, saying, "I've had another spell. I've had another spell." Again in the dining-room, he shouted, "Father, forgive me for all my sins. Oh! I'm going to have a seizure." Seizures with treatment have been slight.

Case No. 10,995—Aggressive during the first two weeks. More disagreeable,

Case No. 117,710—"Dopy;" sleepy and confused during the first two weeks. Works a little, though he did not do so previously.

Case No. 11,984—"Dopy" during the first two weeks; quieter.

Case No. 7,394—Brighter. Works more than previously.

Case No. 6,890—Stupor since the first week of treatment. Would not talk or eat for several days. During the third week of treatment she became brighter and spoke. She does not yet sit up, feed herself, or speak freely.

Case No. 10,712—Sleepy, "dopy" and dizzy during the first two weeks. Would not answer when spoken to. Confusion and headache for three days during the second week.

Case No. 11,982—"Dopy," drowsy, dizzy, with headaches during the first week. She said she does not "jump at all" during her seizures under treatment.

Case No. 4,109—Sleepy, dizzy and "dopy" during the first two weeks. Brighter. She sits in a chair during her seizures under treatment, and does not have to be taken to her room as previously.

Case No. 10,000-"Dopy," dizzy and sleepy with occasional headache during the first week. During the second week she was confused, and did not recognize the Chapel. More disagreeable.

Case No. 8,530-Sleepy and dizzy during the first two weeks. More quarrelsome.

Case No. 10,100-Quieter and easier to manage. Works much better.

Case No. 9,511-No symptoms of luminal

Case No. 7,384-Sleepy, dizzy and "dopy" all day during the first week. Occasional headache during the second week.

Case No. 10,039—Sleepy and occasional headache during the first week.

Case No. 10,700-Sleepy, dizzy and "dopy" during the first week. More quarrelsome. Erythema of face and neck annoyed the patient during the second week, but it is slightly better now, though it still persists.

Case No. 10,279—Sleepy, "dopy" and dizzy during the first week; confused at times. More quarrelsome.

Case No. 10,519—During the second week she became stuporous, requiring to be fed. She was confused, resistive, and complained of headaches. She became brighter in three days. During the third week, she had a similar attack of stupor.

Case No. 11,871—Slight headache during the first three days of treatment.

Case No. 9,545-Dizzy, "dopy" and sleepy throughout the treatment. She says she feels "rotten, like going to sleep forever." More quarrelsome. Acute pharyngitis during the third week of treatment.

SYMPTOMS OF LUMINAL MEDICATION.

During the first two weeks of treatment, when three grains of luminal were given daily, sleepiness, "dopiness," dizziness and headache were either complained of or noted. In two patients a stuporous state, clearing up despite the continuance of the drug, was observed.

Several of the patients with the treatment were able to start work, or to work more efficiently.

A few patients seem to become more disagreeable and quarrelsome under treatment.

Short periods of confusion were not uncommon.

EPILEPTIC SEIZURES IN MALE PATIENTS BY MONTHS.

From the 21st to the 21st (incl.). From July 21, 1920, to July 21, 1921 (incl.):—No lumi-From July 21, 1921, to August 21, 1921 (incl.):—Lumi-

	Jly	. Aug	. Spt	. Oct	. No	v.Dec	. Jar	a.Feb	Mch	Apr	May	Ine.	Ilv.
	'20	'20	'20	'20	'20	'20	'21	'21	'21	'21	'21	'21	
10,560	2	1	0	0	0	1	2	3	0	0	5	2	1
10,796	0	0	0	3	2	2	2	0	0	1	2	1	0
11,004	1	2	3	1	2	4	1	3	- 5	6	3	2	1
8.712	13	26	21	13	20	18	18	16	18	10	9	9	4
10,170	4	1	- 7	0	2	1	6	0	6	5	- 6	. 5	5
8,249	5	3	4	1	2	6	3	3	4	12	3	4	0
6,282	2	14	9	15	5	10	6	12	9	11	7	8	1
11,642	3	33	15	3	13	3	9	8	19	14	6	6	A
9,559	4	13	9	8	7	5	6	4	2	8	9	4	0
11,413* .								-	~	0	-	10	9
8.971	26	32	32	19	25	22	33	29	40	22	15	19	A
10,995	6	13	4	27	1	0	0	0	3	1	5	0	1
11,710**			8	7	3	10	15	2	. 9	10	6	14	Ô
11,984† .			-			10	10	-	9	10	0	1	0
7.394	1	1	0	5	6	3	7	0	6	0	0	0	0
* Admis	bot.	enon		nala	Ton			001	0	0	v	U	U

*Admitted from parole June 26, 1921. **Admitted September 30, 1920. †Admitted June 10, 1921, rare seizures and confusion. EPILEPTIC SEIZURES IN FEMALE PATIENTS BY MONTHS.

From July 21, 1920, to July 21, 1921 (incl.):-No luminal given.
From July 21, 1921, to August 21, 1921 (incl.):—Lumi-nal given.
Case No.

Cerbe avo,													
	Jly.	Aug	. Spt.	. Oct	. No	v.Dec	. Jar	.Feb.	Mch	Apr	May	v Ine	Ilv.
	'20	20	'20	'20	'20	'20	'21	'21	'21	'21	'21		
6,890	10	5	3	6	12	5	10	9	9	9	9	8	0
10,712	5	5	5	7	3	4	. 8	6	9	6	4	6	0
11,982* .													6
4.109	13	9	9	4	7	8	18	5	3	9	5	7	2
10,099	2	6	4	3	0	0	0	0	0	3	6	0	1
8,530	2	6	4	3	4	5	3	7	6	3	6	6	ô
10.100	8	16	12	10	7	15	19	7	7	4	11	5	0
9.511	10	10	13	6	3	7	9	8	5	7	7	5	0
7.384	1	0	0	0	3	i	0	2	2	8	2	6	ő
10,039	2	15	10	12	6	9	8	3	9	9	11	8	0
10,700	9	10	17	17	10	12	7	8	15	9	14	6	1
10,279	1	0	2	2	0	1	2	1	1	3	4	6	1
10,519	12	6	3	7	13	9	9	6	4	9	14	13	4
11.871**.												. 10	8
9.545	11	19	27	13	10	6	15	24	30	4	17	22	1
*Admit		Jun			21:			rous		izur	00	not	re-
corded.	-cu	- 41	0,	1.0		110		040	20	141 (11	010	1106	
** Admi	++04	E	home		95	109	1	******				200	200

**Admitted February 25, 1921; numerous seizures not recorded.

Case No. 11,642—Was admitted on July 26, 1920.

Case No. 7,394-Was on parole from September 4, 1920, to September 8, 1920; from November 23, 1920, to December 2, 1920; from February 19, 1921, to February 21, 1921.

During July, 1921, absolutely all seizures were recorded. During the months previous to that, a few seizures may not have been recorded, as no effort was made to do so.

The above cases under one month's treatment with luminal have had less seizures as can readily be seen from the chart. Ten of the cases, who previously had three to eight seizures every month, had no seizures during the one month's treatment. In almost all cases the number of seizures during the month of treatment was less than that during the previous month; and in most cases less than that of any month during the previous year.

If the cases had been treated individually rather than as a group, it is probable that many of the seizures, which did occur, could have been avoided by increasing the dosage of the luminal.

Summary.

Dizziness, "dopiness," sleepiness, and headache were the most frequent symptoms noted in the administration of luminal.

One month's treatment with luminal of the above 30 cases of so-called "Idiopathic Epilepsy" seems to show that the seizures have been reduced in number, and in severity.

Post-epileptic phenomena seem less marked since the administration of the drug.

No serious symptoms, which can be directly attributed to the luminal, were observed.

THE VALUE OF A KNOWLEDGE OF PSYCHOMETRIC METHODS TO THE DOCTOR.*

By BANICE FEINBERG,

(Interne at the State Hospital for Mental Diseases, Howard, R. I.)

As is well known, psychometry is fast reaching a stage of vast importance as a diagnostic method in medicine. In this article I shall take this up in a brief manner, and point out its important advantages and reasons, why it is of paramount value to the physician. I shall discuss this subject in relation to its value to—1st, the average family practitioner; 2nd, the school physician; 3rd, the industrial physician; 4th, the court physician, and 5th, the physician at a hospital for mental diseases.

I-VALUE TO THE AVERAGE FAMILY PHYSICIAN.

Many a time the family doctor has been confronted by the following problem. An anxious mother tells him that her child has been making very poor progress in school, and appears stupid and listless. She wishes to know what is wrong with him. The physician, after examining the child for enlarged tonsils, adenoids, other evidences of nasal obstruction, poor teeth and other physical defects and found these negative, and having obtained a negative history of scarlet fever, meningitis, encephalitis and of such other conditions that might be etiological factors of

*Read at a meeting of the Rhode Island Medical Society, September 1 1921.

feeblemindedness or mental deficiency, is in a quandary. He has, however, omitted an important means of diagnosis, which in this case is of as much value in etiology as inspection, palpation, percussion and ausculation. But if he had a knowledge of the methods of psychometry, by a few simple tests, which need not take a long time to do, he would gain very readily some valuable information in regard to the child's mentality and means might be adopted to benefit him.

The family physician is usually considered a personal friend to whom the family very frequently look for advice. Very often a mother asks advice in regard to her "Johnny." "Johnny is II years old and is in the seventh grade, but has done such good work in school that his teacher thinks he ought to be given an extra promotion. But don't you think that it would tax his mentality too greatly?" In a case like this the reason for Johnny's apparent aptitude in school may be due to a great deal of home-study, much more than is required, yet his mental capacity is no higher than that of his average classmates; in which case he should not be pushed ahead more rapidly than the others, but instead his hours should be regulated so that less study and more rest and other diversions should be had. On the other hand, the reason for Johnny's aptitude at school may be due to an intelligence superior to that of his average classmate of the same age; in this case Johnny should be allowed to undertake higher class work and be given extra promotions. Thus, by a knowledge of simple tests, the physician will be able to give the mother the proper advice and at least in many cases be able to determine whether the child needs further and more accurate examinations along this line, and therefore refer the case to a man trained in this work. In this way every good practitioner should be able to determine when his patient needs a specialist's attention.

2-VALUE TO THE SCHOOL PHYSICIAN.

To the school physician this is very important and he has the facilities to become very proficient and accurate in this work. In many cases the parents of the child may be ignorant, or may even be somewhat defective themselves and not know enough, even to ask advice when they need

it. In which case it is the duty of the school physician to come to the child's rescue and after examining him, place him where he belongs. For, if he is a defective, and especially should there be several defectives in the same class, the progress of the average normal child who is capable of more than the defective will be retarded. It is not fair to the defective, for it tends to confuse him to try to learn things that he cannot grasp. Then in the case of the child with superior intelligence, who can grasp things more easily and more quickly than the average child, it would not be fair to keep him back for the sake of others; therefore a general psychometric analysis of each student should be done and the different types weeded out and placed in their proper places, that each may derive the most benefit. Several of the colleges in this country have inaugurated these means in examining candidates for admission in addition to the regular entrance examinations.

3-VALUE TO THE INDUSTRIAL PHYSICIAN.

Many of the leading business houses and factories have a physician on the staff, and in many cases it is the duty of this physician of industrial medicine to examine applicants for positions and it often is quite a problem. Here a knowledge of these tests would be of immense service and value. By being able to pick out those with highly developed mentality and placing them in positions of responsibility where their superior mental capacity could be best made use of, and picking out those with a lower grade of mentality and giving them a type of work which does not require much mental ability, industry would become much more efficient, a great deal of money might be saved and fairness extended to the employee. This would doubtlessly result in fewer discharges for inability and errors, and would put industry on a scientific basis.

4-VALUE TO THE COURT PHYSICIAN.

One of the types of criminals, as we know, is the mentally defective type, who, in a manner, is not responsible for his deeds. Such a character should be early detected and taken care of in a proper institution. A jail term, or many jail terms, would probably have no effect upon the criminal tendency. This applies to the adult and even more so to the juvenile; and should the court physician just spend a little time and apply a few of these tests, a great deal of harm would be prevented.

5—Value to the Physician at a Hospital for Mental Diseases,

To a physician in this sort of work, it is especially important. Many psychoses are due to mental deficiency and there is a defective base in many other psychoses. In this sort of work it is of great help in diagnosis. By this means, feeble-mindedness could be classified and in some cases kept at a school for the feeble-minded rather than in a hospital for mental diseases. To illustrate this and to give an idea of the character of these tests, I shall report the following cases:

Case-Hospital No. 11825-Patient, a French girl, 18 years old, well developed and nourished but rather overweight. Her history fixes epileptic attacks between 9 and 16 years of age; however, for the last two years and since she has been in this hospital, has not had any seizures. It is interesting to note that these seizures stopped at onset of menstruation. In school she could not get along with the teachers and so her entire school education was limited to a few weeks. Has never done any outside work. A mental examination was done and it was determined that she suffered from no psychosis but to some degree of mental deficiency. Then a psychrometric examination was done-briefly, the methods and results are as follows:

(I used the Record Booklet for the Stanford-Revision of the Binet-Simon Tests, as described in Terman's "The Measurement of Intelligence.")

First of all I showed her a puzzle board and after disarranging it, I asked her to fit it up correctly. A 7-year old child could do it in a very few minutes. This she did, but it took her nine minutes. This immediately informed me that her mental capacity is of a very low grade, so I started her with the six-year old test. Four tests were done for this year. I.-I determined whether she was able to distinguish right and left by asking her to show me her right hand, then point to her left ear and lastly to her right eye. She pointed to the right eye correctly but others incorrectly, thus failing in this test, for all three must be given correctly to score. 2.- I then showed her some pictures from which some very

obvious organ was absent, i. e., in one the mouth was absent; in another, arms, etc. Four pictures were shown her and in order to score, three must be given correctly. This she also failed in. 3.-Then I asked her to count thirteen pennies aloud. This she did correctly. 4.—The next was a comprehension test-"What's the thing to do if it is raining when you start to school?" I asked. "Stop" was her answer. This is unsatisfactory. "What's the thing to do if you find that your house is on fire?" "Put it out," was the answer. This is satisfactory. "What's the thing to do if you are going some place and miss your car?" "Run and catch it," she replied. This is unsatisfactory, and as two replies of the three must be satisfactory in order to score, she failed in this test.

There are several other tests for the sixth year which may be done. One is to have patient name various coins—e. g., nickel, penny, quarter, dime; or another: "Is it morning or afternoon"? If six tests are done, each test represents two months credit but if four tests are done, each represents three months.

Now, seeing that she failed in several of the six-year old tests, I went back and tried the fiveyear test. I showed her two small square blocks which are similar in every way but weight-one weighing 15 grams, the other 3 grams. She was asked to give me the heavier one; she did this correctly three times. 2.-I showed her a card with various colors such as red, yellow, green and blue and to each of which she gave the correct name. 3.-I then asked her definitions, using the following formula:-"You have seen a You know what a is. Tell me, what is a?" This formula was used with the words "chair, horse, fork, doll, pencil and table." If patient tells of its use, it is satisfactory and four of the six definitions must be satisfactory in order to score. The girl scored on this test. 4.—Then I asked her to perform three commissions. One was to put a key on the chair, the second, to bring a box to me and the third, to shut the door. These were done correctly. In this test one may also ask for age of patient-a correct answer scoring. This she gave correctly. Thus every test done for the 5th year was answered correctly and so

five years may be considered her basal mental age.

I next started her on the 7th year test. I did four tests for this year. I.-I showed her several pictures and asked her to tell me what each picture is about. In order to score in this test, over half must be of performance description. This she passed satisfactorily. 2.—She was then asked to repeat digits which were read, one per second. They were 31759-42835-98176. If one of three series is given correctly, it is a score. She failed in this, however. 3.—She was then asked to repeat three digits backward, viz.: 283, 427, 958. She failed in each of these. 4.—The next test was to ask her to name the days of the week. She gave-Monday, Friday and Saturday. Were she to give the days correctly, I would check up the answer by asking "What day is before Tuesday, what after Tuesday, or Thursday or Saturday, etc." However, she failed early in this test. If desired, other tests may be done, such as asking the patient to give difference between (a) a fly and a butterfly, (b) stone and egg, (c) wood and glass. Another test is to ask patient to copy a diamond which is printed on the record blank. Thus only one test out of four in the 7th year did she answer satisfactorily, thus allowing her three months' credit.

She failed in all the eighth-year tests. Of these one was to have her count backward from 20-0 in 40 seconds. One error is allowed. Another is a comprehension test. The patient is asked "What's the thing to do when you have broken something which belongs to someone else?" "When you are on your way to school and notice you are in danger of being tardy?" "If a playmate hits you without meaning to do it?" Another test is a similarity test. Patient is asked "In what way are wood and coal alike?" "Apple and peach?" "Iron and silver?" "Ship and automobile?"

Seeing that she failed utterly in the 8th year test, I concluded that her maximum mental age had been reached. Her mental age is determined as follows: The basal age was five years. One correct of four tests in the 6th year represents three months and one correct of four tests in the 7th year represents three months also, the total being five years and six months. Thus this

patient's mental capacity is equivalent to that of an average 5½ year old normal child. By means of the Intelligence Quotient which is the ratio of the mental age to the chronological age, one is informed immediately of the patient's mental status. The chronological age is never considered above 16. The normal adult should have a mental age of about 16. So in the above case the Intelligence Quotient is 5:5-16=29. Normal or average intelligence is between 90 and 110. Definite feeble-mindedness below 70.

Thus I have endeavored, I hope successfully, by very briefly describing the above case, to give some idea of the character of some of the standard intelligence tests. There are various kinds of intelligence tests. The above, which is part of the Stanford Revision of the Binet-Simon Tests are fully and completely described in Terman's "Measurement of Intelligence." Further, the record booklet is so arranged that all diagrams and most questions are directly before the examiner, so that it is a very easy matter to conduct these tests.

I do not mean to imply, however, that a person who has never conducted this examination before can immediately produce accurate results, neither do I imply that it is necessary to be expert in this work to produce valuable results. Fifteen to twenty examinations made, and referring to the description of these tests at frequent intervals should enable the physician to derive very valuable information. This is certainly a very easy means by which to obtain a knowledge of extremely valuable diagnostic criteria for the medical man.

In these days when hygiene is forging to the front as one of the leading and most promising fields in medicine, mental hygiene particularly so, these tests have an added value, for they must be and surely will be a part of the mental hygienic program.

R. I. BRANCH AMERICAN SOCIETY FOR THE CONTROL OF CANCER.

During the week of October 30th to November 5th the State Committees of the American Society for the Control of Cancer were actively engaged in educating the public in regard to cancer and in arousing interest among the profession itself in the lamentable facts that the death rate from cancer has been steadily increasing, that in our present state of ignorance regarding the cause of cancer our only hope of reducing the mortality lies in early operation or treatment, and that up to now, people with suspicious symptoms have been slow to report such.

This program of education included lectures to laymen and women, the distribution of literature, talks to nurses and clinics. The response has been very gratifying. With few exceptions the lectures and talks have been well attended.

It was particularly encouraging that so many physicians (nearly one hundred) gathered at the Out-Patient Department of the Rhode Island Hospital on November 2nd for a clinic on cancer and a demonstration of radium.

Dr. Herman C. Pitts as Chairman of the Rhode Island Committee, presided. He spoke in brief of the aims of the society, showed a chart of statistics for Rhode Island, giving the gradual increase in cancer mortality since 1906, and urged his hearers to use every opportunity of educating the people they come in contact with as to suspicious signs and symptoms showing the various applications for giving radium and making a few remarks concerning the physics of radium. In giving the figures for cancer of the cervix at the Rhode Island Hospital for 1921 he emphasized the fact that less than 25 per cent, of those admitted were operable, showing that cases as they come, are too far advanced for any hopeful treatment.

Dr. Kingman in speaking of cancer of the breast in women presented statistics in a series of 20 cases. This number he said is, of course, too small for drawing accurate conclusions, but did furnish certain facts. Of the 20 cases, 18 were operated. Five were in single, fifteen in-married women. Four tumors occurred in women under forty. The lesion as noticed by the patient had been present from three months to 8 years. The operative mortality was 11 per cent. One of the patients; however, died two weeks after the operation from pneumonia. So that the operation itself must be considered as a remote cause. Five have already died of recurrence. Three of these deaths were among the patients under 40. The longest period elapsing between operation and death from recurrence being six years. Four of the five recurrences were in the living. Ten patients are alive and well—the shortest time elapsing being 12 years—the shortest, one month.

The pathological examination in several cases showed carcinoma occurring in areas of cystic degeneration, which is more evidence to show that cystic degeneration is not an innocent process.

Dr. Kingman expressed the opinion that cases should be radiated after operation. Radiating before wastes valuable time and may make the operation more difficult. All cases in which there is no prospect of removing the growth entirely should be treated by radiation alone. X-ray is the better method of radiation in the average case.

Dr. Gerber discussed briefly some phases in the application of X-rays to cancer. He mentioned the value of the rays for their diffuse effect, in distinction to the intense concentrated local action of radium. The latter is therefore more useful in tumors of the various body cavities, or where the radium needles can actually be inserted into the substance of the tumor. The X-rays can then be used to supplement the radium by treating the areas of lymphatic distribution. This treatment of the lymphatic is absolutely essential in cancer of the tongue, lip, external genitalia, breast, etc. The lymphatics can be treated with radium also, but to do it efficiently requires much larger amounts of radium than are available, except in a very few large institutions. An efficient amount of X-rays on the other hand can be easily obtained.

In uterine cancer, the combination treatment to the primary growth is especially valuable. Radium can be applied to the cervix by means of needles and tubes in the canal, while additional radiation is obtained by X-rays from outside the abdomen. This combination will be more apt to give a lethal dose of radiation to the cervical growth without the local dangers that might occur from over dosage with radium alone.

In the past five years the Germans have developed the treatment of pelvic cancer with X-rays, so that it is now much more intensive and efficient. This has been the result of the use of rays of a very much higher degree of penetra-

tion than had ever been used before. By using these more penetrating rays, together with heavier fitters, greater skin distance, multiple portals of entry and increased time, a tremendous dosage of rays can be applied to the malignant process, together with the neighboring lymphatics. The improved practical results from this treatment seem to warrant its further use.

In concluding Dr. Gerber emphasized the necessity of estimating the results of radium or X-ray treatment more fairly than is often done. The radiation treatment should not be regarded as a failure merely because the cancer is not cured. It is not right to use such a standard. One must consider first whether the treatment is to be merely palliative, or whether the case is of such a type that more can be expected. In inoperable and recurrent cases, if radiation results merely in temporary improvement, or in lessening pain, hemorrhage or disagreeable discharge, the treatment is to be considered successful regardless of the fact that the patient may eventually die of an extension or a recurrence of the growth.

The talks were followed by a demonstration of cases. Some of these had been operated upon, some treated by radium and still others were so far advanced that no sort of treatment offered any hope of relief.

After the clinic, a light luncheon was served.

The interest shown was very gratifying and it it to be hoped that as a result the cases coming for treatment in the future will show that the seed has not fallen altogether on barren ground!

NOTES.

The Rhode Island Committee of the American Society for the Control of Cancer, held a Cancer Clinic with demonstration of radium, November 2, 1921, from 10 A. M. to 12 M. Through the courtesy of the Board of Trustees of the Rhode Island Hospital, the clinic was held at the Out-Patient Department of the Hospital. Buffet luncheon was afterwards served. Herman C. Pitts, M. D., is chairman of Rhode Island Committee.

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Meets the first Thursday in September, December, March and June

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Pawtucket Pawtucket

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Meets the third Thursday in each month

President

Arctic Riverpoint

Newport

Newport

President Secretary WASHINGTON

PAWTUCKET

Meets the third Thursday in each month excepting July and August

PROVIDENCE

Meets the first Monday in each month excepting July, August and September

Meets the second Thursday in January, April, July and October

PATRICK J. MANNING W. A. HILLARD

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WOONSOCKET

Meets the second Thursday in each month excepting July and August

ROBERT G. REED THOMAS F. BAXTER President Secretary

Section on Medicine-4th Tuesday in each month, Dr. Charles A. McDonald, Chairman; Dr. C. W. Skelton, Secretary and

Treasurer.

R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President Dr. A. A. Fisher, President; Dr. J. L. Dowling, Secretary-Treasurer.

The R. I. Medico-Legal Society—4th Thursday—January, April, July and October. Dr. Roswell S. Wilcox, President; Dr. H. S. Flynn, Secretary-Treasurer.

EDITORIALS

A DESIDERATUM IN CLINICAL MEDICINE.

As, day by day, we read the medical journals which come to our desks, it must occur to us that in the midst of plenty we are relatively poorpoor in the literature of clinical medicine. We are grateful, of course, for the informing and often painstaking contributions upon the chemical, microscopical and bacteriological aspects of medical matters, but we miss very much the clinical note in present-day writing. The statistical method of reporting cases, complicated tables which are difficult to read, general statements about this or that diagnostic procedure, somewhat vague reports of theraupeutic results,we have in plenty; but where shall we look for the reports of clinical studies presented with clearness, directness and precision? Not long ago we read through a well-known medical journal and found the most valuable thing in it to be

the account of a perplexing problem in diagnosis which, after much labor, was solved to the credit of the physician and the great benefit of his patient. And where had the editor placed it? Set in fine print, cheek by jowl with the advertisements. Surely this is not to show a fine sense of values, and yet it does embody a certain standard of taste in contemporary medical journalism.

Aristotle said a good many centuries ago that there is no science of the individual. And who can deny the truth of his statement? In science we deal with general and more or less abstract propositions, a necessary procedure if knowledge is to rise above the present moment and establish principles of universal validity. But in this process of abstraction and generalization there is a lopping off of those concrete, individualizing, and so to say, private notes which give to each person his specific characters whether of mind or body; and it is just these specific characters in diseases which give rise to our perplexities and doubts. Why then do we not hear more about them? Since there is no science of the individual we may suppose that scientific, that is, general propositions, need addition here, subtraction there, perhaps qualification everywhere, before they can be made to fit the concrete instance.

Is it then really very helpful to us in our daily work to be told for example that of one hundred gastric perforations from ulcer twenty-seven died without operation and fifteen with operation? Supposing this to be true, what then? Shall we or shall we not, on that account, invoke the aid of surgery for the next perforation of gastric ulcer which confronts us in practice? Such general statements leave us in the cold. Let us, however, imagine that we are privileged to attend the clinic of the physician or the surgeon who wrote the journal article we are supposing ourselves to have read. What a difference is here! Do we discuss with him general averages and abstract propositions? Not at all, or at any rate, not much. We ask him about the medical, social and other history of Mary X, who sits in front of us. Then we inquire what are the data supplied by various examinations and the method of their co-ordination, and finally we are anxious to know what it is proper to do for Mary X under the circumstances, and the thing having been done, we want to know what were the results, favorable or otherwise. These different kinds of information having been given us we go away feeling, and rightly so, that we have spent our time to excellent purpose. We have learned from our teacher not his thoughts alone, but his ways of thinking as well—which is of equal importance—and this too not in a balloon but in the actual handling of a living patient.

We do not need, indeed rather we do not desire, a large number of patients at one time for this sort of study. Sir Dominic Corrigan had three patients at his disposal when he described permanent patency of the aortic valves: Graves derived his description of exophthalmic goitre from the observation of no great number of patients: Laennec contrived his stethoscope to banish his native reticence in the instance of one young girl. And so with other valuable and even classical contributions to medicine. If a man talks concretely in his clinic and in conversation with his colleagues, why should he not write after the same fashion? His conversation is rich with the nourishing stuff of concreteness; why should his writing be afflicted with the pale cast of abstract thought?

Who can explain our worship of mere members? Well, perhaps it is the reflection in our minds of the spirit of the age. Every democracy, knowing no better, likes to count heads, and medicine in a democracy cannot hope to escape altogether this alluring habit. Only do not let us deceive ourselves. The worship of numbers has this bad effect, that it discourages young men. Mistakenly they think that they must have seen a great number of cases before they dare or are competent to write about anything. This is wrong, for it is not the age of the brain that counts, but the value of the thought. Never was a more opportune time than the present for the renascence of the tradition of clinical medicine. As yet we have plenty of room for a few more Oslers, Trousseaus and Flints. And be it remembered they all began to write while they were yet young.

Why all this preaching? Because this journal would be proud to print something worthy of the undoubted abilities of the young men hereabouts. Surely there must be amongst us young men—and older ones too—who can be coaxed to cast aside their natural modesty and to break their too-long-continued silence.

LICENSING OF HOSPITALS AND DISPENSARIES.

There is now under discussion proper legislation to put into the hands of the State Board of Health the power to license hospitals, and possibly dispensaries. It is well known among the physicians that there are in existence in this State so-called hospitals and dispensaries which are not a credit to the medical profession and some of which are a menace to the public. Physicians should see to it that such institutions be not allowed to continue. Individual doctors are reticent about making specific charges against them and it seems very proper that the State Board of Health should be clothed with the power to allow only such hospitals and dispensaries to be established or survive, as are conducted by reputable persons, and which are properly equipped to furnish acceptable medical service.

The Health Department of New York City is clothed with very broad powers and during the last few years has suppressed many illegitimate institutions and has materially raised the standard of work done by legitimate hospitals and dispensaries. The various institutions of the city have co-operated willingly. They are visited annually and must satisfy the Health Department that they are properly equipped, conducted by reputable people, and are provided with adequate records of patients treated.

Is it not highly desirable that the State Board of Health be given this authority which, so long as it is properly exercised, should be supported by the practitioners of the State?

THE INTELLECTUAL SNOB IN MEDICINE.

The snob is always with us and the snob is always vile. The social snob, the moneyed snob and the intellectual snob, each ever trying to impress all about him with his own particular brand of superiority. In medicine we see him, the recently graduated interne of the big hospital, unable to confer with a colleague of commoner general-practitioner clay without betraying his contempt for the other's lack of familiarity with recent scientific investigations, and at the same time utterly unable to appreciate, much less to imitate, the fine acumen and mature judgment

which characterize the opinions of his older confrere. Later we see him, the would-be leading consultant, unable to keep out of his conversation such phrases as "When I worked with the Mayos" or "In an article I published last May," and all too willing politely to ignore suggestions of one whose association with the leaders of the profession has been less intimate than his own. When it comes to the carrying of hope and aid to the stricken in mind and body or to the building up of the morale of the family, such a man is worse than useless and his exhibitions of erudition are the acme of futility.

The field of medicine is too broad and the opportunities for careful observation too general for anyone to assume that he can know the hundredth part of it all or that his brother with less conspicuous advantages must be an ignoramus. The mass of the unknown still looms so great a bulk across our path that we can but approach each problem in the spirit so emphasized by that great teacher, Sir William Osler,—the spirit of humility.

A TRAVESTY.

A world without imagination is synonomous to a world without ambition and without hope. Imagination opens a vista of fame and hope urges us on; from birth to death our ambition, sometimes faltering the always with us, with hope, too often like a mirage, as a lure, is ever before us.

As children we run in little troops, want to live in caves and holes in ground and eat berries, hait raw fish and purloined eggs, only a little later to develop a desire to go fighting Indians and other parallel aggressive pastimes.

Still later we are impelled to test our physical powers in competitive games against our fellows; and through it all imagination draws a picture, bright or dim, of greatness if not grandeur, in which upon inspection, we find our own likeness prominently in the van. Great failures may be ascribed to imagination, but still it is our gracious heritage; never was there a hero, scientist, explorer or warrior who was not a person of imagination. It is, however, apt to run tangent and we meet unexpected candidates to fame; the heavy eating, thick witted man imagining that as

a cross-examiner at law, he would be a wizard, the blear-eyed spectacled, thin-voiced hundred and twenty pounder imagines himself a general and commanding untold hosts and the man who was never able to save a cent imagines that with a hundred and fifty thousand dollars, he could astound the world. All of which foregoing leads up to the greater imagining of them all, that our gentle and altogether more fragile female sex may indulge in violent sports and games and not pay the price. Speaking of woman, collectively, she is temperamentally nonfitted for heavy contact games such as baseball, football, polo, wrestling or boxing. Physically and anatomically, she is absolutely disqualified. This does not mean that athletic diversions have no value, on the contrary; the day of asthetic, lacksidaisical, semi-invalidism for woman has past, but to jeopardize health present and future by dangerous so-called "sports" is, to say the least, reprehensible.

A bruise on the breast may mean little to a man but, setting aside the possibility of inviting disease, may mean pain and misery to a woman in after years when milk ducts bound by adhesions due to old injury either defeat lactation completely or substantially circumscribe func-Again her pelvic organs, delicately balanced and suspended as they are, while toned and strengthened by judicious exercise, are always susceptible to serious displacement (a forerunner of chronic invalidism) by violence; if, however, the proponents of over-strenuous exercises are in some small doubt about the consequences, our surgeons and gynecologists are in possession of a satisfactory and conclusive argument.

If the broken leg reported to have been sustained by one of the Missouri College girls during football practice is her only injury her mental tranquility need not be disturbed; yet as the man said who had been knocked down by an automobile—"it ain't done no good." Games of this type should have no place in the curricula of girls' colleges or any extension courses in educational institutions. Give the girls athletics suitable for the female anatomy while building up the mind and the result is virile health. Do this and cease to worry about the future welfare of the nation.

LETTER FROM PARIS.

There has been much progress in medicine since the war and the laboratories and clinics of the Faculty of Medicine have been well reorganized. The Faculty, in contrast to the dark days of the war, is once more the scene of busy students, and one sees men from almost every country.

Foreign doctors who wish to matriculate at the Faculty of Medicine may do so by applying to the Secretary, and upon the payment of a small fee, he is allowed to attend all lectures, clinics, as well as have access to the library and museum. All facilities are offered to foreigners who wish to study in Paris, and there is a Bureau of Information at the Faculty for foreigners, and the work is arranged by a person who speaks English.

Doctor M. H. Cesbron is secretary-general of the association for the development of medical relations between France and the allied countries and friends, and the plans are to give foreigners every opportunity to see the work they are especially interested in.

The surgical clinics at the Hôtel Dieu, under the direction of Professor M. Hartman, are very interesting, while at the Cochin Hospital, Professor Delbet has charge of clinical surgery. Professor Lejars is in the service of surgery at the St. Antoine Hospital; Professor Legueu has charge of clinical surgery of the urinary tract at the Necker Hospital; Professors Cuneo and Duval at the Lariboisière Hospital, Professor Broca, in charge of the surgical clinics for infants, and Dr. Ombredanne, agrégé, at the Hospital des Infants Malades; Professor Gosset, at Hospice de la Salpètrière, and many others.

At the Hôtel Dieu, one of the oldest hospitals in the world, Professor A. Gilbert has charge of the Department of Clinical Medicine, and it is a very interesting clinic. Professor Gilbert is one of the world's great clinicians. At the Hospital Cochin, Professor Widal has charge of clinical medicine and it is one of the foremost clinics of the world. There are many other medical clinics of great importance in Paris.

The Institute of Radium of the University of Paris is a very interesting p'ace to visit and one sees the work of Mme. Curie at the Curie Laboratory and the important clinic of Dr. Regaud at this institute. Dr. Regaud is assisted in the clinical work by Drs. Cesbron, Monod and Richard, and the association of the laboratory of Mme. Curie and the Laboratory Pasteur, of which Dr. Regaud is director of biology, makes this radium research work a most valuable one. I have seen some remarkable results in Dr. Regaud's clinic, especially in cancer of the tongue and of the uterus. Dr. Coutard has charge of the X-ray laboratory; Dr. Lacassagne, the Department of Histology, and Dr. Ferroux, Department of Physics.

Much attention is being directed to the X-ray work done by the Germans during the war, and now the researches of Mm. Seitz and Wintz at the gynecological clinic at Erlangen is being studied. With the new German apparatus and the Furstenau tube they claim that they are able to give 200,000 volts with this special apparatus, and a treatment lasting several hours is given for cancers of the internal organs. This new German tube is, practically speaking, the Coolidge tube made much larger.

Those who were fortunate enough to see the work of Dr. Ledoux-Lebard in his clinic at Tours during the war will remember that he was using deep treatments at that time and the results were in many cases most satisfactory. Now, a few years afterwards, many of these internal tumors have not recurred. In Dr. Ledoux-Lebard's laboratory was originated a method by which the same deep treatments as given by the German apparatus can be given with a Coolidge tube. This high-power X-ray machine is now being made and will have a special box in which the Coolidge tube will be immersed in oil, as a result of which the tube can be used for several hours at one time with an equivalence of the huge German apparatus, namely, 200,000 volts. Deep therapy with X-rays is very important and will undoubtedly solve many problems.

MALFORD THEWLIS, M. D.

41 Avenue Kléber, Paris.

SOCIETY MEETINGS

PAWTUCKET MEDICAL ASSOCIATION.

The regular monthly meeting of the Pawtucket Medical Association was held on Thursday evening, October 20, at the Hotel Georgian. The president, John F. Kenney, presided.

After the business meeting, Dr. Joseph Dowling of Providence read an interesting paper on early cataract operation.

A committee on resolutions was appointed with reference to the death of Edward S. Kiley, a former charter member of the association.

Following the meeting, a collation was served. Meeting adjourned at 11:15 p. m.

Dr. A. H. MERDINYAN, Secretary,

PROVIDENCE MEDICAL ASSOCIATION.

October 3, 1921.

The regular monthly meeting of the Providence Medical Association was called to order by Dr. N. Darrell Harvey, Vice President at 9:00 P. M. on October 3, 1921, at the Medical Library.

The records of the last meeting were read and approved.

A letter from the Chemical Warfare Service, U. S. A., was read, requesting members to cooperate in following the results of warfare gas.

Applications for membership of the following men having been approved by the Standing Committee, the Secretary was empowered to cast one ballot for their election: Dr. Frank Brown Berry, Dr. Roy Blosser, Dr. Samuel Kennison.

Dr. Barrows reported a case of mesenteric cyst which he marsupialized and packed at one operation, later repeating this procedure and after the second operation the patient was able to return to work in three weeks.

Dr. Noyes reported a case and necropsy of tubo-ovarian abscess after self-induced abortion, showing the specimen. Dr. John G. O'Meara read the paper of the evening on Social Welfare Activities of Interest to Physicians. He spoke of recent legislation about venereal disease, birth registration and Workmen's Compensation Act, discussing the laws of the different states concerning the last subject, mentioned briefly health insurance and dwelt at length on the Shepard-Towner and Smith-Towner bills as substitutes for health insurance. Dr. O'Meara discussed the group system of practice and community hospitals and spoke of the medico-social activities in the different counties of the State. The underlying sentiment of the paper was a warning against an increasing tendency to federalism in health matters.

There was a discussion by Drs. George S. Mathews, D. Frank Gray, John B. McKenna and Dr. O'Meara.

The meeting adjourned at 10:40 P. M. Attendance: Firty-four members and three guests. Collation was served.

Respectfully submitted,

PETER PINEO CHASE, M. D., Secretary.

R. I. MEDICO-LEGAL SOCIETY.

Regular quarterly meeting of the Rhode Island Medico-Legal Society was held at the Medical Library October 27, 1921, eleven members and one guest present.

Meeting called to order at 5:20 P. M. by the President, R. S. Wilcox, M. D.

Reports of the Secretary and Treasurer were read and approved.

Mr. Henry D. C. Dubois for the Committee on By-law Revision, reports no changes advisable but suggests that a roster of membership be prepared for insertion into the present copies.

On motion of Dr. Reed the committee was empowered to carry out these suggestions.

A communication from the American Red Cross was received, read, and placed on file. On motion of Dr. F. N. Brown it was voted that the papers presented at our meetings be made available for publication; subject to the consent of the writer. Dr. Elliott Washburn, Medical Director of the Providence Tuberculosis League, was introduced, who gave a very pleasing and interesting address on "Present Prospects of the Tuberculosis Problem."

After a brief discussion of the paper a rising vote of thanks was tendered the speaker, and the meeting adjourned. Collation followed.

H. S. FLYNN, Secy.

RHODE ISLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

The regular bi-monthly meeting of the Rhode Island Ophthalmological and Otological Society was held in the Out Patient Department of the Rhode Island Hospital on October 13, 1921, at 8 o'clock.

The program of the evening consisted of a presentation of many interesting eye, ear, nose and throat cases, including report of removal of foreign body from the lung, by Dr. Bigelow; demonstration of a case of sympathetic ophthalmia by Dr. Leech; case of congenital coloboma of iris-choroid, by Dr. McCabe; case of retinitis pigmentosa, by Dr. Astle; a case of complicated cataract with removal of immature cataract by the intra-capsular method, by Dr. Dowling.

The paper of the evening was by Dr. Rogers and consisted of many of his professional reminiscences during his many years of practice.

The meeting adjourned at 11 o'clock.

J. L. Dowling, M. D., Secretary.

WASHINGTON COUNTY MEDICAL SOCIETY.

Quarterly meeting of the Washington County Medical Society was held at the Colonial Club, Westerly, Thursday morning, October 13, 1921, with an average attendance.

Dr. Champlin reported progress on the local hospital situation and stated that the committee had raised some \$73,000 in subscriptions, not including the Endowment Fund.

An amendment to the By-Laws was presented —That the dues be five dollars per year.

Dr. Carl D. Sawyer of Providence gave an interesting address on "Radium" and was accorded a rising vote of thanks.

Adjourned and dined.

W. A. HILLARD, M. D., Secretary.

HOSPITALS

St. Joseph's Hospital.

Regular meetings of staff was held Fridays, September 16th and October 14th at 9 p. m., at Out Patient Building, Plenty street.

GEORGE F. JOHNSON, Secretary.

MISCELLANEOUS

WHAT IS PROGRESS IN OBSTETRICS?

As one reads obstetric textbooks, ancient or modern, one finds repeated again and again the caution to regard normal labor as a physiologic function and to consider interference only in the presence of definite pathologic indications. Recently, however, there has seemed to be a change in the way of radical interference even in normal labor. Obstetricians in this country appear to be

aligning themselves definitely into two camps—conservatives and radicals. At the last session of the American Gynecological Society, opportunity was given for a statement of the platform supported by the opposing parties.

Dr. Rudolph W. Holmes1 took the position that the indiscriminate employment of operative intervention in obstetrics has accomplished little in the way of conservation of life of either the mother or the child. He deprecated the ruthless operative course in all parturient women as a solution for the troubles incident to the hazards of birth. He pointed out that very little has been contributed in the last forty years to the art of obstetrics. The old masters developed a nicety of technic in the handling of labors which was a guarantee of excellent outcome in the large majority of instances, but the death rates from eclampsia and placenta praevia as complications seem to have been reduced little if at all. Recalling the fiasco of the twilight sleep furore and the dangerous results from thoughtless laudation of the reputed harmless virtues of pituitary solution, Dr. Holmes emphasized that the basic error which has crept into the obstetric field is the belief that pregnancy and labor are pathologic conditions and that child-bearing is a disease which must be terminated by some spectacular procedure. His criticisms are not addressed to the general practitioner but to the reputed leaders in obstetrics who sponsor intervention during labor. "No one," he said, "is doing so much of this needless operative interference as many of our reputed leaders, and they know not the wreck they have wrought, for they hear only the encomiums of their fallacious representations and their misapplied skill. . . . The general polemic that labor is a species of the torture of the inquisition has been advanced so frequently that many defend most drastic interferences on the score of saving women this horror-that the dread on the part of women of this frightful agony warrants any and all kinds of expedients to relieve them of the various stages of labor, when, in fact, too often these strictures are merely the shibboleths of those who would operate with little or no provocation." Among the practices

In the discussion, members of the opposite camp stated their point of view. The proponent of version, Dr. I. W. Potter, opposed to the induction of labor and the use of bags, argued that his method was less painful, and resulted in fewer complications and in a lowered maternal and fetal mortality. The proponent of prophylactic forceps, Dr. J. B. De Lee, considering pituitary solution a criminal agent if applied before the delivery of the child, stated his belief that women are even ready to undergo the increased risk of cesarean section to avoid the perils and pain of even an ordinary labor. He claimed that the powers of natural labor are dangerous and destructive in many instances to both mother and child. He combines his frequent application of forceps with episiotomy in many cases. He has however, no sympathy for Potter's podalic version, stating that the published results as to mortality condemn the method. Other obstetricians presented pleas for special methods, or cited arguments for or against the methods already mentioned.

In determining where the truth lies, the application of common sense and ordinary logic will yield a solution as readily in this as in any other scientific problem. Through years of experience, the medical profession has learned and is continuing to experience in practice that the ways of Nature are best, that while there is a tendency to the destruction of life there is a greater tendency toward its conservation, and that a middle course is practically always the correct one. There can be no application of routine methods with efficient results. Our greatest leaders have ever appreciated that individualization of the patients is the sine qua non of success. Give Nature her opportunity in every normal patient, and interfere only in the presence of pathologic

which Dr. Holmes condemns are the routine shortening of the first stage by introduction of a bag, the slashing of the parturient canal when dilation is completed, the routine practice of version, the extraordinarily large number of cesarean operations, and finally, the practically invariable application of forceps merely to hasten delivery. Meddlesome midwifery has developed from minor trangressions to major surgery. So much for the views of the conservatives.

¹ Holmes, R. W.: The Fads and Fancies of Obstetrics Am. J. Obst. & Gynec. 2: 225 (Sept.) 1921.

conditions representing actual indication for intervention; this has been a true principle of medical practice in the past, and it is true to-day.

—Jour. A. M. A., Oct. 15, 1921.

"EAT-MORE" CAMPAIGNS.

This is the day of the "Eat-More" campaign. From billboards, newspaper advertisements and periodical pages, the slogan "Eat-More" crashes upon the reader's intelligence. He is besought to eat more meat; he is requested to eat more raisins; it is hoped that he will eat more oranges; he is invited to eat more apples; the coffee planters beg him to drink more coffee; the tea importers beseech him to imbibe more tea, and the tobacco manufacturers plead for purchase in carton rather than in individual package. And whenever possible the earnest advertiser drags in a medical argument to sustain his plea. Without reference to the actual injustice of any of this advertising, it is well to bear in mind that greatest of all medical aphorisms: "Moderation in all things."-Jour. A. M. A., October 1, 1921.

CASE REPORT

REPORT OF A CASE OF STRICTURE OF THE URETHRA COMPLICATED BY PERIURETHRAL ABSCESS AND ABSCESS OF THE ABDOMINAL WALL AND BACK.

By Charles O. Cooke, A. M., M. D., Providence, R. I.

The patient, a man fifty-one years of age, who had had a stricture for twenty years, was first seen by me on December 18, 1919, and gave the following history. One week ago he woke up in the night with chills, fever and vomiting. He had no urinary disturbance and passed water without difficulty. Two days ago a swelling appeared in the perineum, which grew steadily larger and to-day he noticed a swelling over the lower abdomen. The stricture was last dilated nine years ago.

Examination showed a red, tender, fluctuating mass in the perineum. There was redness and swelling over the lower abdomen. Temperature was 102° and pulse was 92. The patient looked very sick. He was sent into the hospital and operation was performed at once.

The urethra was first dilated. A tight stricture was found five inches from the meatus. deep in the anterior urethra. A filliform bougie was passed after considerable difficulty and urethra was dilated to 24F with Philips bougies. An incision three inches long was then made in the right side of the perineum relieving considerable foul smelling pus. A French clamp was then passed up beside the urethra on the right side, the tip of the clamp passing easily above the pubes. An incision was made above the pubes over the tip of the clamp, opening a circumscribed abscess. The incision was enlarged and a large amount of foul smelling pus obtained. The tissues were dark and gangrenous. Drains were inserted.

The cellulitis of the abdomen continued to spread until it reached the right axilla and right lumbar region and the temperature remained high.

On December 23, 1919, the patient was again operated on and many incisions were made in the abdominal wall and back and rubber tissue drains were inserted. The incisions were washed out several times a day with Dakin's solution and temperature and pulse rapidly returned to normal. The incisions, of which there were eighteen, healed kindly with little scarring.

Convalescence was steady and patient left the hospital February 27, 1920. Since leaving the hospital, the patient has had sounds passed regularly every three months and has remained perfectly well.

DR. WILLIAM J. BURGE.* ON HIS NINETIETH BIRTHDAY. By Dr. WILLIAM R. WHITE.

Two most distinguished given names Are borne by you, friend William James; And when we add the "Burge, M. D." It's surely "Sir to you," say we.

We've much enjoyed this dainty spread With you, sir, seated at the head. Right well you fill that honored chair With your fine patriarchal air.

^{*}Lines read at dinner in celebration of Dr. Burge's anniversary, April 12, 1921.

For us, how easy to forget, 'A year has passed since last we met! Indeed we could almost now say We all were here but yesterday.

So brief the time, as we review The year which then to us was new, And which to us with all its days Made this date then seem off a ways.

Old Father Time with even pace Just bears along the human race. So quickly though the years go by We really feel that time does fly.

Dear Doctor Burge, it may be said, That while this year has onward sped, Your friends have been rejoicing much, That on your head so gentle touch

Was lightly placed that even you Could scarce believe the year were through; That naught of health or strength you lost Through winter's days of chill and frost.

But April twelve of twenty-one, This very day was sure to come; And to its roll call, loud and clear, To our great joy you answer "Here."

And as its days you've journeyed through, We all have kept along with you. Whatever records we may show, As fast as you we've had to go.

And like yourself to-night we find Another year is left behind; Whatever we have done with it, Another page of life is writ.

Good deeds and bad, sins great and small, Which we regret but can't recall, What's said is said, what's done is done, It's only forward, life can run.

To-night let us most thankful be, That we no empty chair must see. That you our table's head still grace, Who most deserve that honored place. That son and daughter, kind and true, Still share this happy home with you. And here, sweet child Penelope, Who now is four, last year was three.

What twelfth of April, twenty-two. Will bring to either us or you, It's doubtless best we may not know; From day to day our lives will go,

And little Karl, the household joy, A baby then, he's now a boy. And Dr. Leonard, friend indeed, A comrade real in time of need.

And last the scribbler, Dr. White, Whose pen of you delights to write! Congratulations, dear good man, Who fearlessly may bid us scan

The pages of your ninety years, No shameful blot on one appears. Though you in years are four score ten, You younger seem than many men

Who have not seen three score go past, Whose strength they know cannot long last; Who would their riches gladly give Their early life again to live.

Your many, many friends are glad To think of the good times you've had Your life has known more smiles than tears In the last one of ninety years.

You've journeyed some both east and west, To kindred greet as you found best; Your army comrades were sought out And civil war scenes talked about.

You surely do impression give A happy thing it is to live. That this hold true to distant day We friends of yours devoutly pray.

We love to see you, hear you talk, Your voice is strong, erect you walk. May you go on from day to day Still showing us life's better way. We wonder how to you it seems Full four score years to view in dreams, And live through scenes of long ago,' Of which you now alone can know.

Of all who on your natal night Rejoiced with love and pure delight, That you though babe that night began The making of a splendid man.

They all long since have passed away, Great gift to us is that you stay To tell us tales, that we may know Great men and deeds of long ago.

As He directs, Who knoweth all, Who seeth e'en the sparrow's fall, Who for us doeth all things well, Whose gift it is that we here dwell.

But I expect in twenty-two To take another look at you, As in this home erect you stand A grandchild held by either hand,

Just as cheerful, just as bright. As we enjoy you here to-night. I'm not the writing prophet bold To say you'll then be getting old.

At ninety-one you'll have a right To glasses wear to aid your sight, And though you'll not be one bit lame You may be wise to sport a cane.

And I will venture quite a bet. No one of us can match your step, No one of us, however bold, Can head you off in story told. And be you near or be you far, We'll know it by your good cigar. Perchance with us you'll grape juice quaff While spinning yarns to make us laugh.

As you are now we'll want you then, The dearest, best of gentlemen; We'll not count years, but to the end We'll hold you comrade, brother, friend.

But now my pleasure let it be To tell how you confounded me, So these good friends of ours may see Just how you put it over me.

'Twas in your church one summer day That to your rector you did say, In just these words, most mild of sins, "Doctor White and I are twins."

Now, doctor dear, you were a man When I my life on earth began. But what I say right now is true I'd be most proud if twin to you.

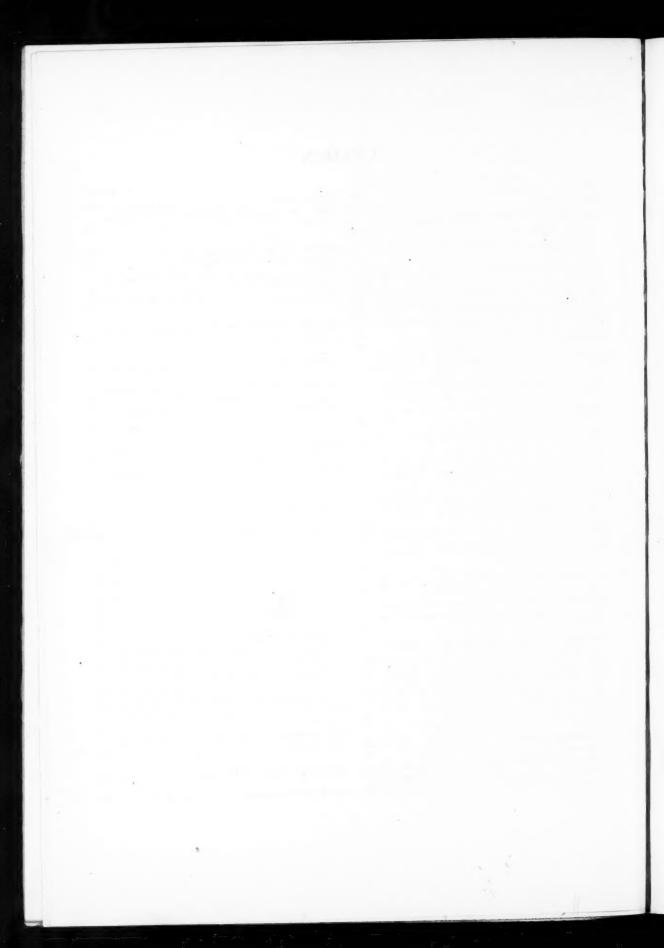
Now friends, I must not more prolong This friendly, loving rythmic song. To stop is not so easy when One's feelings simply guide one's pen.

No man may know how long he'll live, His length of years not man's to give, To earthly life an end must come, Each gefs a call to rest; work's done.

You sir have lived for ninety years, That you've lived well it now appears. The rule of life for you and me, Each day and hour to ready be.

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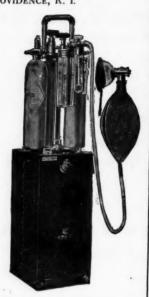
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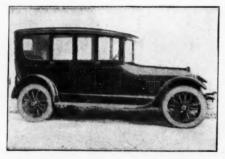
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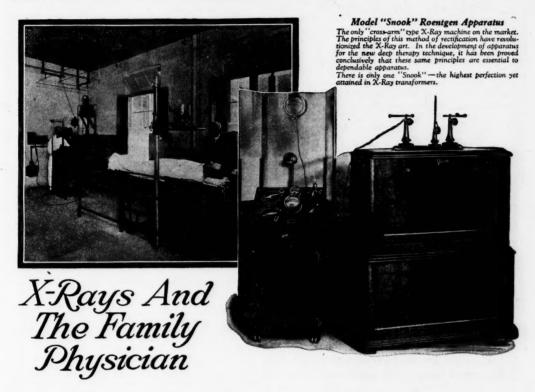
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